

## Student Log of School Health Assistant Services

Student: \_\_\_\_\_  
Last
First
DOB: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

RN: \_\_\_\_\_  
Name
Signature
Initials

Health Assistant: \_\_\_\_\_  
Name
Signature
Initials

Date	Time of Day	Amt. of Time	Procedure	Comments (Must be completed)	Init.

**Key for Documentation by Exemption:**

N = Normal

V = Variance from normal or standard

Each unit = 15 minutes. Units more than the assigned must be explained.